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ABSTRACT

This report presents information from a survey of the knowledge, attitudes, and practices of Nebraska adolescents (N=1,240) in grades 9-12 related to the Human-Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS). Schools were selected at random from each of the six classifications of Nebraska schools, and two or three classrooms for each grade were then randomly selected within each sampled school. The report is divided into four parts. Part 1 deals with students' acceptance of HIV/AIDS instruction and of people with HIV/AIDS. Part 2 describes students' access to HIV/AIDS information. Part 3 is about students' knowledge of HIV/AIDS. Part 4 discusses Nebraska adolescents' practices that increase the risk of HIV/AIDS. Among results of the survey are the following: (1) a majority of students indicated that they would be willing to be in a classroom with someone with HIV/AIDS; (2) less than half of the students had spoken with their parents about HIV/AIDS; (3) more than half reported that they had had sexual intercourse at least once; (4) 25.3% of those who were sexually active reported having more than one partner; and (5) 35.9% reported using condoms regularly. Results from this study were comparable to a previous one conducted in 1988. (ABL)

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NEBRASKA ADOLESCENTS' HIV/AIDS ATTITUDES, KNOWLEDGE AND RELATED PRACTICES: 1989

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NEBRASKA ADOLESCENTS' HIV/AIDS ATTITUDES, KNOWLEDGE AND RELATED PRACTICES: 1989

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Technical Report 22
Nebraska Adolescents' HIV/AIDS Attitudes, Knowledge and Related Practices: 1989

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Nebraska Adolescents' HIV/AIDS Attitudes, Knowledge and Related Practices: 1989

Table of Contents

Introduction 10

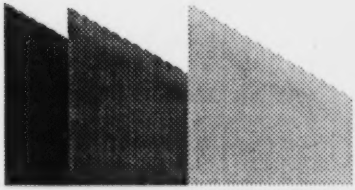
Part 1. Students' acceptance of HIV/AIDS instruction and of people with HIV/AIDS 12

Part 2. Students' access to HIV/AIDS information 16

Part 3. Students' knowledge about HIV/AIDS 20

Part 4. Critical HIV/AIDS related behaviors 24

Introduction



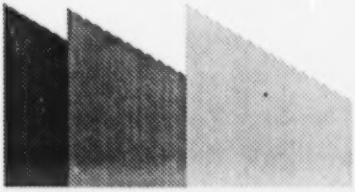
This Prevention Center Paper (No. 22) describes the HIV/AIDS related knowledge, attitudes and practices of a random sample of 1240 Nebraska adolescents in grades 9-12. The data were gathered in 1989.

Data were gathered by staff of Health Education, Inc., a Nebraska-based nonprofit research and development corporation, as part of a contract with the Nebraska Department of Education. The Nebraska Department of Education has a major HIV/AIDS cooperative agreement with the U.S. Centers for Disease Control (CDC) in Atlanta, Georgia.

Schools were selected at random from each of the six classifications of Nebraska schools established by the Nebraska Department of Education. Two to three classrooms for each grade 9-12 were then randomly selected within each sampled school. All students in the classes on the day of the survey voluntarily completed CDC's HIV/AIDS adolescent survey. All responses were anonymous. Classroom teachers and school administrators were not involved in the data collection in any way. A data collection protocol was followed to ensure validity in this self-report survey.

This report is divided into four parts: Part 1 deals with students' acceptance of HIV/AIDS instruction and of people with HIV/AIDS. Part 2 describes students' access to HIV/AIDS information. Part 3 is about students' knowledge of HIV/AIDS, and Part 4 discusses Nebraska adolescents' practices that increase the risk of HIV/AIDS.

Part 1
Students' acceptance of HIV/AIDS instruction and of people with HIV/AIDS



Should students be taught about HIV/AIDS, and have they been taught?

Almost all students involved in this survey expressed a need to be taught about HIV/AIDS—90.5% of respondents. This proportion differed little from grade to grade. Consistently, across grades, slightly more females than males thought HIV/AIDS should be taught. Some 6% of this sample was unsure or said they didn't know (Table 1).

Only half this sample (51.8%) said they had been taught about HIV/AIDS in school; 35.1% of the 9th graders, 64.6% of the 10th graders, 56.6% of the 11th graders and 50.9% of the 12th graders.

Table 1
"Should students your age be taught about HIV/AIDS infection in school?"

	9th Grade		10th Grade		11th Grade		12th Grade	
	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Yes	93.8	84.2	93.5	89.0	93.7	85.9	94.6	89.3
No	.4	4.0	2.7	4.7	2.8	3.7	2.2	5.3
Not sure	5.8	11.8	3.8	6.3	3.5	10.5	3.2	5.3

Acceptance for students with HIV/AIDS

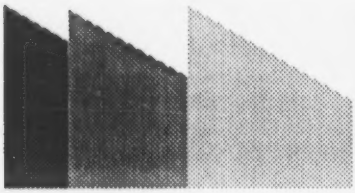
Asked about their willingness to be in a classroom with a student who has HIV/AIDS, a majority (56.4%) responded yes. Consistently, across all grades, more females than males indicated a willingness to share a classroom with a student with HIV/AIDS. This acceptance rate changed little across the grades for females or males except in the 12th grade when significantly more males than any other grade level said they would accept an HIV/AIDS student in their classroom (Table 2).

Seventeen percent of this sample would not be willing to share a classroom with an HIV/AIDS student, and 23% said they didn't know. At all grades, males were more likely to be unwilling to share their classrooms with an HIV/AIDS student and were also more likely to say they didn't know or were unsure about how they felt on this question.

Table 2
"Would you be willing to be in the same classroom with a student with HIV/AIDS?"

	9th Grade		10th Grade		11th Grade		12th Grade	
	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Yes	70.5	45.0	70.9	47.7	71.0	49.2	68.1	58.0
No	8.2	24.1	12.8	24.9	9.9	24.3	13.1	18.9
Not sure	21.3	31.0	16.3	27.5	19.1	26.4	18.8	23.1

Part 2
Students' access to HIV/AIDS information



Information and testing

About half the students in this survey (49%) said they knew where to get HIV/AIDS information; 33% were unsure and 18% said they did *not* know where to go to get HIV/AIDS information. The number of students who knew where to find information increased with grade from 37% in 9th grade to 56% in 12th grade. Somewhat fewer students said they knew where to go to get tested for HIV/AIDS: 45.4%.

Parents

HIV/AIDS is a sexually transmitted disease (STD), and is part of a knowledge base school teachers are often uneasy to discuss. Many opponents of school-based education about sexuality and sexually transmitted diseases insist that this area of education is the parents' domain and not the schools'. Most school officials would be happy to relinquish the responsibility to teach about sexuality and STDs if they knew that parents would provide this information to their children.

This survey asked the participating students if they had talked with their parents or other adult about HIV/AIDS. We assumed this question also would identify those whose parents had talked with them about HIV/AIDS. Less than half (45%) had talked with their parents about HIV/AIDS. Females were much more likely to have done so than males (Table 3).

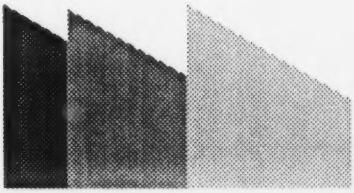
Table 3
"Have you ever talked about HIV/AIDS infection with your parents or other adults in your family?"

	9th Grade		10th Grade		11th Grade		12th Grade	
	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Yes	49.5	43.4	50.8	34.6	53.7	41.8	50.1	34.4
No	50.5	56.6	49.2	65.4	46.3	57.4	49.9	65.6

Friends

If less than a majority of the students surveyed got their HIV/AIDS information from parents or school, perhaps most students got it from their friends who were fortunate to have parents or schools who provided this information. Such does not appear to be the case. Only 48% of these students said they had talked to their friends about this disease. Again, females (53.4%) were more likely to have done so than males (41.6%).

Part 3
Students' knowledge about HIV/AIDS



A number of questions in this survey explored the extent of students' HIV/AIDS knowledge beginning with a general question asking whether these students knew how to "keep from getting HIV/AIDS." Most students (86.9%) said they knew how to "keep from getting HIV/AIDS"; 4.1% said they didn't know and 9.0% said they were unsure. There were no major differences in the proportion of students who said they knew how to avoid HIV/AIDS across grades or between sexes. Ninth graders declared themselves to be essentially as knowledgeable as twelfth graders.

Almost all these students (97.5%) knew that you could *not* get HIV/AIDS from holding hands. Similarly almost all (96.7%) knew you could get HIV/AIDS from sharing needles. This sample, however, was less sure about the role of mosquitos in the transmission of HIV/AIDS. Almost 16% said HIV/AIDS could be transmitted by a mosquito and 31% said they were not sure. A little more than half this sample (53.3%) said that HIV/AIDS could *not* be spread by mosquitos.

Eleven percent said HIV/AIDS could be contracted by having a blood test; 15.5% were not sure. Three quarters (73.3%) knew that HIV/AIDS could *not* be transmitted with a blood

test. They were less sure about the risks of donating blood: 29.2% said HIV/AIDS could be transmitted by donating blood; 60% said it could *not*; and 10.9% were unsure.

Six percent of these students said HIV/AIDS could be transmitted via public toilet seats, 80.4% said it could *not*, and 13.2% were unsure.

Almost all (92%) knew a person could *not* get HIV/AIDS by being in the same classroom as a student with HIV/AIDS. Asked whether birth control pills could *reduce* the chance of getting HIV/AIDS, 3.0% said yes, 11.6% were unsure, and 85.5% said birth control pills did *not* reduce risk of HIV/AIDS.

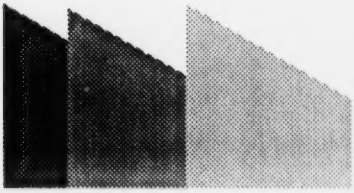
Six percent of this sample said you could tell if a person had HIV/AIDS by looking at them; 16.4% said they didn't know if looks indicated whether a person had HIV/AIDS. In other words, 22.5% of this sample thought it might be possible to tell if a person has HIV/AIDS by their looks.

Ninety-eight percent knew you could get HIV/AIDS through sexual intercourse and 89.2% knew a pregnant woman with HIV/AIDS could infect her child.

Almost 90% knew that you can *reduce* your chances of getting HIV/AIDS by abstaining from sexual intercourse, and 92.4% knew you also could *reduce* your chances of contracting HIV/AIDS by using a condom during sexual intercourse.

Only 2% believed there was a cure for HIV/AIDS; 9% were unsure; 88.7% knew that HIV/AIDS is incurable.

Part 4
Critical HIV/AIDS related behaviors



More than half this sample (57%) report having had sexual intercourse at least once in their lifetime; 52% in the last year (Table 4). Some 24% were 14 years or younger at the time of their first sexual intercourse, and half (49.8%) had sexual intercourse before the end of their 16th year. *Of the sexually active young people in this survey,* 42.4% had initiated their sexual activity before the age of 15 and 87.7% had done so before the age of 17 years.

Table 4
Sexual intercourse in the last year

	9th Grade		10th Grade		11th Grade		12th Grade	
	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Yes	22.9	39.5	46.7	53.6	55.1	53.9	77.2	66.0
Multiple partners	9.0	24.1	23.7	33.6	19.6	31.1	29.8	29.1

Among these sexually active young people there was a significant likelihood they had more than one partner: 25.3% reported having had intercourse with more than one partner in the last year and 36.7% reported having had intercourse with more than one partner in their lifetimes.

Sexual activity is one measure of risk for HIV/AIDS. Another is regular use of a condom during sexual intercourse. While 92.4% of these students reported knowing that regular use of condoms can reduce (but not eliminate) their risk for HIV/AIDS, nevertheless 19.3% of the sexually active students reported never using condoms; 44.7% reported using condoms rarely or sometimes, and ~~20.8~~ 35.9% reported using condoms ~~regularly~~ always (Table 5). An interesting observation from Table 5 is that the students in the higher grades, who are more likely to be sexually active (See Table 4), are less likely to report they "always" use a condom compared to students in the lower grades.

Table 5
"When you have any kind of sexual intercourse, how often is a condom (rubber) used?"

	9th Grade		10th Grade		11th Grade		12th Grade	
	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Always	42.5	53.6	40.5	50.6	33.7	27.7	28.8	23.8
Sometimes	25.0	17.4	22.8	29.6	36.1	35.1	31.1	41.6
Rarely	12.5	10.1	19.0	6.2	11.6	17.0	22.0	7.9
Never	20.0	18.8	17.7	13.6	18.6	20.2	18.2	26.7

Should we believe these results?

Many dismiss survey results of this type on the basis that young people "always" inflate their answers. There is little evidence to support this conclusion and good evidence to suggest that young people are honest on surveys that are given under carefully controlled conditions as was this one. A few may overestimate and a few underestimate, but attempts to identify consistent bias have not succeeded. If we accept the conclusion that young people do not tell the truth, we open wide another set of issues that may represent a larger problem than dealing with HIV/AIDS. Why do so many young people not tell the truth? Even if it is accepted that a consistent over-estimation is present in data of this type, the unanswerable question is the magnitude of the overestimation. For anyone concerned about the epidemic of STDs (not only HIV/AIDS), even given a 50% overestimation of sexual activity and risk behavior, these percentages do not eliminate the possible public health significance of these data.

A more reasonable approach is to compare these data with other data on the same topic gathered from different samples of comparable Nebraska students. In 1988 a sample of 1692

8th and 10th graders whose classrooms were selected at random from all Nebraska schools completed Form 3 of the National Adolescent Student Health Survey (NASHS). This questionnaire contained a question on sexual intercourse identical with the question used in the HIV/AIDS survey. Only the 10th grade NASHS sample overlapped with the data presented in this report. Data from the 858 10th-grade respondents in the 1988 NASHS survey are presented below along with data from the HIV/AIDS survey (Table 6). There was significant similarity in self-reported sexual activity of the two groups of students.

Table 6
Tenth-graders' self-reported sexual intercourse in the last year

	NASHS 1988		HIV/AIDS 1989	
	%	N	%	N
Sexually active females	44.9	385	47.1	153
Sexually active males	49.6	381	53.7	147

Similarly, data on the age of first intercourse showed both sets of data to fall easily within their respective margins of error, indicating comparability (Table 7).

Table 7
Tenth-graders' self-reported age of first intercourse

	NASHS 1988		HIV/AIDS 1989	
	%	N	%	N
< 15 years old females	44.9	216	49.3	79
< 15 years old males	63.5	230	62.2	82

Comparisons of the proportion of the sexually active 10th graders in these samples who report they always use condoms also showed comparability in female use. A difference in self-reported use of condoms among the males is noted (Table 8).

Table 8
Tenth-graders' self-report of using a condom "always" when having any kind of sexual intercourse

	NASHS 1988		HIV/AIDS 1989	
	%	N	%	N
"always" females	37.9	206	40.0	80
"always" males	73.3	241	50.0	82

The results from these two separate samples of Nebraska 10th-grade students corroborate one another, suggesting a degree of validity to these data and a need to treat them seriously.

Finally, a separate survey of a sample of 192 Nebraska junior and senior high school administrators indicated that 53.2% provided HIV/AIDS health education in their schools. This percentage is close to the 51.8% of the students in this sample who reported receiving HIV/AIDS education in schools.

There is little evidence to suggest these data from this sample of Nebraska adolescents is not representative of the students in Grades 9-12 in this state.

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